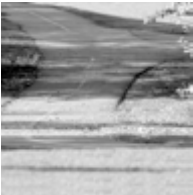


# *preface*

## SITUATING EXEMPLARY NURSING IN HEALTH CARE TODAY

Since 1998, when the first version of this book, *Moments in Time: Images of Exemplary Nursing Care*, was published by the Canadian Nurses Association, Canadian health care has changed. Multiple, potentially interrelated factors challenge Canadian nurses today. These include personnel shortages, escalating costs and spending, advances in technology, aging population and longer life expectancy, increasing cultural diversity, new diseases, growing rates of chronic diseases, shortened hospital stays, and profound ethical and moral dilemmas. Challenges often lead to changes such as health care system reform, evolving scope of practice with new advanced nursing practice roles, an increased disciplinary team, and care such as population care delivery, and dis-



argue that such changes care system and the fun-

emphasis on the inter-  
new approaches to health  
health, integrated health  
ease management.<sup>1</sup> Some  
threaten our public health  
damentals of universality,  
comprehensiveness, accessibility, portability, and public administration. Others contend that these changes have resulted in poor practice environments and unsatisfactory working conditions for health care workers, especially nurses. Many question whether we can afford, or

even expect, exemplary care in a health care system that has become so complex and burdened.

Beginning with my doctoral research almost 20 years ago, I have been intrigued with what makes some clinical nurses exemplary. I defined exemplary nurses as those you would choose to have care for you or a family member. Clinical nurses (also called bedside or front line nurses) are those who spend the majority of their work time relating directly with patients.\* I believe that clinical nurses are the foundation of the health care system. We simply cannot have exemplary health care without exemplary clinical nurses. Research aimed at learning more about the actions and attitudes of exemplary clinical nurses, and the effects of these on patients and on the nurses themselves, became the foundation of my program of nursing research.

#### EXEMPLARY NURSES AND CAREER SATISFACTION

The findings from my initial research study on the actions, and effects of the actions, of exemplary nurses are reported in this book. Since the original project, I have completed several follow-up studies on related themes. For example, as I continued to study exemplary nurses, I discovered that they had one important commonality; they all commented often that they “loved their work.” Exemplary nurses reported career satisfaction that seemed, at least in part, to motivate them to continue to provide high quality patient care.

To learn more about this possible link between career satisfaction and quality of care, I launched an international study focused on professional fulfillment in the work lives of registered nurses (RNs). I found that exemplary nurses who claimed they were satisfied with their career choices also knew their core values and believed they were able to enact these values in their workplace.<sup>2</sup> Their core values included altruism, caring, compassion, and a desire to make a difference. One

---

\* I have chosen to use the term “patients” but I acknowledge that this group may be referred to in some health care venues as residents or clients. Their family and friends are also subsumed into the term.

important way exemplary nurses were able to make a difference for their patients was by establishing a connection with them and with their family members. These nurses found making and maintaining the connections very satisfying. When the nurses that I studied were able to provide high quality care that patients found helpful, they felt very fulfilled and found meaning in their work. Living their values, connecting with patients, and finding meaning in their work through making a difference established a cycle which propelled the exemplary nurses to continue to care in an exemplary way.<sup>3</sup> Career satisfaction and high quality care were the remarkable results.

A framework for career satisfaction in nursing illustrates the possible relationship between these elements and the living out of core values.<sup>4</sup> The dominant feature of this model is the cyclical nature of the positive caregiving experience. That is, as nurses enact their values in the workplace, connect in a meaningful way with their patients, and make a positive difference, they may realize that they become even better nurses by doing their work well and are thus motivated to continue. It is doubtful that career satisfaction in nursing is as linear as this model suggests, but it does illustrate the strong relationship between several elements identified.

When health care administrators, government officials, other stakeholders, and even nurses themselves question whether we can afford to provide high quality nursing care in these turbulent times, I say we cannot afford not to. It is in providing exemplary nursing care that nurses make a difference to patients and find meaning in their work. When nurses are professionally fulfilled, they continue to care at a high level. The resulting exemplary nursing care is not only good for the patients, it is good for the nurses too.

Another interesting finding that I am currently exploring is that the exemplary nurses I have studied very rarely report experiencing compassion fatigue (CF). Compassion fatigue is defined by LaRowe as a “heavy heart, a debilitating weariness brought about by repetitive, empathic responses to the pain and suffering of others.”<sup>5</sup> Compassion

fatigue is a term sometimes confused with burnout although the two are quite different. Schwam says that, unlike burnout which results from the stress in one's work setting that can be reversed by a vacation or a change in setting, CF is often more insidious with long-term consequences that are difficult to reverse.<sup>6</sup>

With a current research project, I aim to find out what it is about exemplary nurses that helps them avoid the personally and professionally devastating experience of CF. I hope that the findings of this study will have practical implications for nurse recruitment, retention, and professional well-being, if I am able to discover interventions and strategies exemplary nurses use to avoid CF.

#### TIME TO CARE

A common complaint today among front line caregivers, including nurses, is that they do not have time to establish meaningful, caring, and potentially transforming relationships with their patients. The good news is that exemplary nursing care is not necessarily any more time consuming or expensive to provide than poor quality care. Admittedly, nurses are extremely busy and stress levels often run very high. Nurses may feel like they cannot squeeze one more second out of their work days. Among clinical nurses in particular, a great potential exists for turmoil, stress, burnout, and CF.<sup>7</sup> Yet caring is fundamental to the work of most nurses. As a nurse in one study told me, "The ability to care is nursing's common thread, and when time to express caring is denied, it is a source of frustration for me."

How can nurses provide quality care that they find satisfying within the limits of today's health care reality? Jackson emphasizes the importance of here-and-now interactions, saying that instead of feeling discouraged because of time constraints, nurses should view all of their interactions as positive and potentially effective.<sup>8</sup> To this end, I remind nursing students and the novice nurses I teach that it does not take any longer to administer a medication with a smile on

your face than it does to give the same medication with a frown. It does not take any longer to gently rub the vein you are about to use to start the intravenous than it does to beat that vein into submission. The effect of the smile and gentle approach on the patient, and ultimately also on the nurse, is positive.

Hagerty, et al. concluded that, ideally, caregivers should have as much time as possible to be with patients.<sup>9</sup> When time is short, however, caregivers need not feel all is lost because every encounter between a nurse and patient can be a valuable relational moment. Each caring encounter, no matter how brief, can be important to the therapeutic relationship. For a highly skilled nurse, the connection, the experience of caring and being cared about, can happen in mere moments through the right touch, word, or listening ear. Often what patients need most is something that really does not take any extra time — a nod, a compassionate glance, or a hand placed on a shoulder at just the right moment make a positive difference for a patient and, ultimately, for the nurse as well.

Brenda,<sup>†</sup> an OR nurse I met, gave me an example to illustrate these points. It was a note sent to her by the wife of one of her patients:

You probably don't remember me, but I wanted to thank you for your care. My husband and I had been in a traffic accident. The police called it a "minor traffic mishap" and after being checked over at the hospital we were both sent home. I was a little shaken and bruised, but we were both pronounced "just fine." As the week progressed I had a very disturbing dream. I dreamed that my husband was in the hospital and that he was having a cardiac arrest. I stood hopelessly by watching the team try to revive him.

---

<sup>†</sup> The names of the nurses, patients, and family members used in this book are all fictitious.

Imagine my horror when later that week, after he was pronounced just fine and had returned home, my husband did start to experience some perplexing symptoms and, after a consult at the emergency room, was rushed into surgery for the removal of a ruptured spleen.

The time was long as I waited, pacing the hallway outside the operating room waiting for some word on how he was doing. I was haunted by the strange dream and terrified that my husband was not going to make it through the procedure. Then I caught a glimpse of an OR nurse through the small window in the door that separates the operating area from the waiting room. That nurse was you. You were still in your scrubs and all I could see behind the green mask were your eyes. You must have seen the look of concern on my face. As you whisked about doing your post-op duties you lifted one hand and gave me the A-okay sign, your thumb and pointing finger forming a circle. This gesture took only a portion of one second, but it was all I needed to know he was all right. I just wanted to say thank you. That kindness meant so much to me.

---

**LITTLE MOMENTS**

A simple gesture.

Compassion offered. Peace received.

---

A bed bound patient once told me of his favorite nurse, calling her “the one who really cared.” When I asked him what was different about this particular nurse, he said, “Every time she came into my room, she would give my big toe a little tweak.” He perceived this small action as acknowledgement that made him feel connected to the nurse and cared about. Tweaking his toe took the nurse no

extra time at all. Scott wrote that it is the human connection — that largely intangible, immeasurable, unquantifiable aspect of nursing practice — that nurses value most, and it is also the human connection that patients often need and desire.<sup>10</sup>

Clinical nursing is a demanding career. No one can be an exemplary clinical nurse without a very sound knowledge base and excellent psychomotor skills. But I have also observed that the way that care is provided — the attitude and aura of the nurses and their ability to convey compassion and caring — helps to make the care they provide exemplary. Having this certain attitude and air is not time consuming.

#### NURSES RESPOND TO

##### *Moments in Time: Images of Exemplary Nursing Care*

My 1998 book, *Moments in Time: Images of Exemplary Nursing Care*, was embraced by the nurses of Canada and all copies were sold. For experienced nurses, the stories reminded them why they chose this career and helped to reignite their passion for their profession. For the novice nurse and the nurse educator, the book was a teaching tool because it modeled effective nursing care strategies and attitudes. Additionally, nurse educators have suggested that this book could be used in first year undergraduate nursing courses on professionalism, communication, or socialization. Others have commented that it could be an exemplar of qualitative research for graduate health care courses. Instructors in nursing attendant and personal health care aide programs have suggested that the stories in the book could help to teach the enigmatic skill of caring. Other health care professionals, including pastoral care workers, rehabilitation therapists, and volunteers, have also read and valued this book and asked for more. Some have commented that the stories and analysis in this publication helped to differentiate nursing from medicine and, in doing so, helped us toward a definition of nursing. As another consequence of the book's success, I gave over 30 keynote presentations at national and international nursing conferences.

Ongoing requests for a reprinting or a new edition of the original book ultimately resulted in the publication of the book you are now reading. I hope that this updated version will contribute to scholarship in the field of nursing and to health care in general.

The lessons in this book speak of values and actions that lead not just nurses and other health care providers, but all humans, to become better. Readers of *Moments in Time* with no professional connection to health care told me, “I’m not a nurse but what you found applies to all of us,” and “I felt so good after reading your book, it made me want to go out and treat my fellow man better.”

For all those who have asked, I hope you enjoy this revised and updated version, *More Moments in Time: Images of Exemplary Nursing*. To the original stories and analysis, several new components are added. The preface situates exemplary nursing care in the context of the health care environment of 2009. It also features a discussion of findings of additional research on career satisfaction in exemplary nurses that arose from the original study.

Chapter 2 furthers my self-story, the multi-layered landscape of the researcher (who in qualitative research is the instrument of data collection and analysis). Since writing the original book, I have had many personal and professional experiences that have shaped what I see, believe, and know about exemplary nursing care. The assumption is that you cannot recognize what you, yourself, have not known. I hope that the additions to the section “My Memories” will give readers an insight into these influences on my research.

I have updated the citations of scholarly literature that support and enhance understanding of points made in the book. In 1998, *Moments in Time* was considered cutting edge because there were very few phenomenological nursing studies of exemplary nursing care.<sup>‡</sup>

---

‡ Phenomenology/phenomenological/hermeneutic phenomenology — a qualitative research tradition that focuses on the lived experience of humans. Phenomenology becomes hermeneutical when its method is taken to be interpretive (see the Appendix for more details).

Such approaches were new to the landscape of nursing. Now a new generation of nurse researchers have used phenomenology to try to capture and share the essence of nursing practice. References throughout this revised edition cite these recent studies. Other topic areas in the book, such as humour, silence, touch, and connection, have also benefited from newer research so I have cited these sources.

As I presented my research findings to audiences at conferences and workshops, I sought ways to help convey the tacit, unspoken aspects of the intense human to human interaction that often occurred in exemplary nursing situations. To do so, I turned to writing poems that help to capture the essence of an interaction in very few words. (My process is explained in detail in the Appendix.) I also experimented with using photographic images during presentations to help evoke the emotion of the story being told. Many people noted that these images gave voice to the people in the stories, again without words, which can sometimes be limiting and imposing. I have included an example of an image used to help convey the deeper meaning of the theme at the beginning of each chapter in this new edition. The poems in which I attempt to capture the essence of the nurse-patient interactions in a phenomenological sense are placed throughout the revised book.

Finally, an Appendix has been added for those who are interested in the research design and the methodology used in the study which forms the foundation of this book. Beginning with a brief exploration of the nature of qualitative inquiry, a case is made for its use in nursing investigations that focus on human experience. The methodology used in the study, hermeneutic phenomenology, is explained. Specifics about the study participants, approaches to data collection, and methods of data analysis are described. Techniques used to maintain data trustworthiness, assumptions made, delimitations and limitations of the study, and ethical considerations are included.

To those who read the original book and provided me with helpful feedback and critique, thank you. Many said that it reawakened

in them their own lived experience as nurses and caregivers. I have not given a presentation based on this research without several people approaching me afterward to tell me *their* stories. To me, this is the true test of phenomenology. The research sparked memories of your own lived experiences as exemplary nurses, or exemplary human beings. Thank you all for the work you do, and that you will continue to do.

You do work wonders.

Beth Perry  
Edmonton, Canada  
February, 2009